APPLICATION FOR REACTIVATION OF AN IOWA LICENSE

Iowa Department of Public Health/Professional Licensure Bureau

Lucas Office Bldg., 5th Floor, 321 E. 12th Street, Des Moines, IA 50319-0075 www.idph.state.ia.us/licensure

YOU MAY NOT PRACTICE IN THE STATE OF IOWA UNTIL YOUR LICENSE IS ACTIVATED. AT THAT TIME CURRENT LICENSURE CARDS ARE AUTOMATICALLY MAILED TO THE ADDRESS PROVIDED BELOW.

1.			2.					
	Name of Pr	ofession		License Number				
3.			4.					
	Last Name			First Name and Midd	le Name			
5.	If any of yo	our documentation is in a na	me other than voi	ir current name, list the	previous na	ames of recor	<u></u> 1	
6.	, . , .		, ,		F			
0.	Mailing Ad	dress						
7.			8.		9.			
	City			State	<u> </u>	Zip Code		
10.	Male	☐ Female (optional)	11.	D. CD: 4	12.	*0 : 10	*	,
				Date of Birth		*Social Sec	urity Nui	nber
13.	Daytima Pl	none (including area code)	14.	Email Address				
1.5	•	ione (including area code)		Eman Address				
15.	Years Inactive	License has been on in License has been on in			ng the Iowa	a law exam m	ight be re	quired.
16.	Fees Due:	Che	ck or money ord	der <u>must</u> be payable to	o the Iowa	licensing bo	oard	
17.	Continuing	g Education Due:	Hours can	not be more than 2 years	ears old fro	om this appli	cation d	ate.
		must be answered. If you						
		ne incident, (2) attach a copy l official court documents						
settlement.	You must ar	nswer "Yes" even when a c	conviction or judg	gment has been deferred	l or expung	ged from your		
18. Been co	nvicted, four	nd guilty of or entered a pl violations with fines under	lea of guilty or n	o contest to a felony o			Yes	No
•	<i>3</i>	r settlements paid on your b		*	_	•	Yes	No
registration,	or certificate practice? (If	y a licensing, registration, tion authority or organizat the investigation or action	ion institute disc	riplinary action against	you relate	ed to your	Yes	No
21. Been dis	sciplined or s	anctioned by any licensing, ee? (If this licensing board					Yes	No
with reasona	ble skill and	al condition which in any v safety? (If you are currently this question.)	• 1		•		Yes	No

1 Revised 1/23/13

Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are rently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No
Since you last held an active Iowa license, are you or have you been licensed or practicing in another state?	Yes	No
If yes, list the two letter postal codes of the state(s).		
Please note: Official verifications must be received directly from each state's licensing board office to complete your application.)		
Automatic continuing Education exemption for reactivation. A licensee shall be exempt from tinuing education requirements when that person resided in another state or district having continuitation requirements for the profession and met all requirements of that state or district for practice therein. • Do you have a current license from the state you reside/resided in? • Does that state have continuing education requirements?	ing	No No
26. Attach copies of your proof of completion for each course. In the space provided below, list the cour provider, date(s) attended, and continuing education hours earned (for additional lines go to page three)		se
Course Name Course Provider Dates	Hours	
I certify that I have carefully read the questions on this application and have answered them completely and under penalty of perjury that my answers, and all other statements or information submitted by me in this ap true and correct. If it is determined at any time that I have provided misleading or false information on	plication proce	ess, are
under penalty of perjury that my answers, and all other statements or information submitted by me in this ap true and correct. If it is determined at any time that I have provided misleading or false information on application, I understand that my application may be denied or that I may be subject to disciplinary prosecution. I understand that I am required to update answers or information submitted herewith if the response or the during the time period the application is pending. I also understand that this application is a public record lowa Code, Chapter 22 and that application information is public information, subject to the exceptions contains the submitted by me in this application on application of the subject to the exceptions of the during the time period the application information is public information, subject to the exceptions of the submitted by me in this application of the submitted by me in the submitted by me in the submitted by me in this application of the submitted by me in the submitted by me in this application of the submitted by me in the submitted	plication proce or in support action and con information condition accordance ontained in Iow	ess, are of this riminal hanges ce with wa law.
under penalty of perjury that my answers, and all other statements or information submitted by me in this ap true and correct. If it is determined at any time that I have provided misleading or false information on application, I understand that my application may be denied or that I may be subject to disciplinary prosecution. I understand that I am required to update answers or information submitted herewith if the response or the during the time period the application is pending. I also understand that this application is a public recorr	plication proce or in support action and con information condition accordance ontained in Iow	ess, are of this riminal hanges ce with wa law.
under penalty of perjury that my answers, and all other statements or information submitted by me in this ap true and correct. If it is determined at any time that I have provided misleading or false information on application, I understand that my application may be denied or that I may be subject to disciplinary prosecution. I understand that I am required to update answers or information submitted herewith if the response or the during the time period the application is pending. I also understand that this application is a public recor Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions of Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the	information c d in accordance ontained in Iow he information atory information vation applicate the the collection	ess, are of this riminal hanges see with va law. I have ion ion is n of
under penalty of perjury that my answers, and all other statements or information submitted by me in this aptrue and correct. If it is determined at any time that I have provided misleading or false information on application, I understand that my application may be denied or that I may be subject to disciplinary prosecution. I understand that I am required to update answers or information submitted herewith if the response or the during the time period the application is pending. I also understand that this application is a public recor Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions of Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the provided on or in conjunction with this application. *This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mand will result in license denial. Privacy Act Notice: Disclosure of your Social Security Number on this reactive required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with child support obligations and as an internal means to accurately identify licensees, and may be shared with the allowed by law including Iowa Code § 421.18.	information c d in accordance ontained in Iow he information atory information vation applicate the the collection	ess, are of this riminal hanges see with va law. I have ion ion is n of
under penalty of perjury that my answers, and all other statements or information submitted by me in this aptrue and correct. If it is determined at any time that I have provided misleading or false information on application, I understand that my application may be denied or that I may be subject to disciplinary prosecution. I understand that I am required to update answers or information submitted herewith if the response or the during the time period the application is pending. I also understand that this application is a public record Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions confined in the submitting this application, I consent to any reasonable inquiry that may be necessary to verify the provided on or in conjunction with this application. *This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mand will result in license denial. Privacy Act Notice: Disclosure of your Social Security Number on this reactive required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with child support obligations and as an internal means to accurately identify licensees, and may be shared with the support obligations.	information c d in accordance ontained in Iow he information atory information vation applicate the the collection	ess, are of this riminal hanges see with va law. I have ion ion is n of
under penalty of perjury that my answers, and all other statements or information submitted by me in this aptrue and correct. If it is determined at any time that I have provided misleading or false information on application, I understand that my application may be denied or that I may be subject to disciplinary prosecution. I understand that I am required to update answers or information submitted herewith if the response or the during the time period the application is pending. I also understand that this application is a public recor Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions of Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the provided on or in conjunction with this application. *This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mand will result in license denial. Privacy Act Notice: Disclosure of your Social Security Number on this reactive required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with child support obligations and as an internal means to accurately identify licensees, and may be shared with the allowed by law including Iowa Code § 421.18.	information contained in Iow he information atory information atory information axing authoriti	ess, are of this riminal hanges see with va law. I have ion ion is n of es as
under penalty of perjury that my answers, and all other statements or information submitted by me in this aptrue and correct. If it is determined at any time that I have provided misleading or false information on application, I understand that my application may be denied or that I may be subject to disciplinary prosecution. I understand that I am required to update answers or information submitted herewith if the response or the during the time period the application is pending. I also understand that this application is a public record lowa Code, Chapter 22 and that application information is public information, subject to the exceptions of Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the provided on or in conjunction with this application. *This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mand will result in license denial. Privacy Act Notice: Disclosure of your Social Security Number on this reactive required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with child support obligations and as an internal means to accurately identify licensees, and may be shared with the allowed by law including Iowa Code § 421.18. 27	information contained in Iow he information atory information atory information axing authoriti	ess, are of this riminal hanges see with va law. I have ion ion is n of es as
under penalty of perjury that my answers, and all other statements or information submitted by me in this aptrue and correct. If it is determined at any time that I have provided misleading or false information on application, I understand that my application may be denied or that I may be subject to disciplinary prosecution. I understand that I am required to update answers or information submitted herewith if the response or the during the time period the application is pending. I also understand that this application is a public recor Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions of Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the provided on or in conjunction with this application. *This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mand will result in license denial. Privacy Act Notice: Disclosure of your Social Security Number on this reactive required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with child support obligations and as an internal means to accurately identify licensees, and may be shared with the allowed by law including Iowa Code § 421.18. 27	information contained in Iowahe information attory information attory information attory information attory information attory information attory authoritically and authoritically and authoritically are also as a second and a second and a second and a second attory information applicated the collection axing authoritically are also as a second and a second a second and a second and a second and a second and a second a	ess, are of this riminal hanges see with wa law. I have ion ion is n of es as
under penalty of perjury that my answers, and all other statements or information submitted by me in this aptrue and correct. If it is determined at any time that I have provided misleading or false information on application, I understand that my application may be denied or that I may be subject to disciplinary prosecution. I understand that I am required to update answers or information submitted herewith if the response or the during the time period the application is pending. I also understand that this application is a public recor Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions of Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the provided on or in conjunction with this application. *This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mand will result in license denial. Privacy Act Notice: Disclosure of your Social Security Number on this reactive required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with child support obligations and as an internal means to accurately identify licensees, and may be shared with the allowed by law including Iowa Code § 421.18. 27	information contained in Iowahe information attory information attory information attory information attory information attory information attory authoritically and authoritically and authoritically are also as a second and a second and a second and a second attory information applicated the collection axing authoritically are also as a second and a second a second and a second and a second and a second and a second a	ess, are of this riminal hanges see with wa law. I have ion ion is n of es as

2 Revised 1/23/13